

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172

PRELICENSURE NURSING PROGRAM (PON): NURSE FACULTY RECORD

(Nurse Faculty are defined as those individuals that will be teaching in the classroom may or may not include clinical/lab)

To be submitted to KBN by PON Nurse Administrator within 30 days of appointment.

Submitted By: _____ Campus/Location: _____
Name of College/University- DO NOT ABBREVIATE

Type of Program: ☐ BSN ☐ ADN ☐ MEEP: PN & ADN ☐ PN
(Multiple Entry and Exit Program)

Type of Appointment: ☐ Didactic ☐ Clinical

Name of Appointee: (name as it appears on their nursing license)

Last Name First Name Middle Name Maiden Name
Social Security #: _____ Employment Status: ☐ Full-Time ☐ Part-Time

License #: _____ Compact State: ☐ Yes ☐ No State of Primary Residence: _____ Expires: _____

License has been verified on line at the appropriate Board of Nursing: ☐ Yes ☐ No

Appointment Date (mm/dd/yy): ____/____/____ New position: ☐ Yes ☐ No- Replacing (name) _____

E-Mail Address: _____@_____

"Earned" Nursing Educational Degrees: (Check all that apply)

(NOTE: Nursing faculty must have a minimum of two (2) full-time or equivalent years experience as an RN within the immediate past five (5) years)

☐ Diploma - School Name: _____ YR: _____ ☐ Masters in Nsg-School Name: _____ YR: _____
☐ Associate - School Name: _____ YR: _____ ☐ Post Masters Cert.: _____ YR: _____
☐ Bachelors - School Name: _____ YR: _____ ☐ Doctorate in Nsg/ Other Field: YR: _____

Date of Initial licensure as RN: ____/____/____
Month year

Additional "Earned" Non-Nursing Education Obtained:

College/University	Degree	Degree Awarded
_____	_____	Yr _____
_____	_____	Yr _____
_____	_____	Yr _____

BSN Programs: MSN required upon appointment.
ADN Programs: BSN required upon appointment & MSN obtained within 5 years or BSN + Masters in related field and 18 graduate nursing hours.
PN Programs: BSN required at time of appointment.

Currently enrolled at:

College/University	Degree Pursuing	Expected Graduation	# credits earned
_____	_____	Sem/ Yr _____	_____
_____	_____	Sem/Yr _____	_____

Areas of Clinical Specialty: _____

Teaching Responsibilities Include What Specialties: _____

Answer the following questions with respect to this appointment

The Kentucky regulations dictate that nursing faculty meets the following criteria.

- Minimum of two (2) years full time or equivalent experience within the last five (5) years? ☐ Yes ☐ No
- Preparation in educational activities in the area of teaching and learning principles for adult education, including curriculum development and implementation: ☐ No ☐ Yes- How acquired: ☐ Faculty development ☐ CE offerings
☐ Academic Courses ☐ Other: _____
- Graduated from a college/university that is accredited by the Department of Education: ☐ Yes ☐ No
Has graduation been confirmed by an official transcript from the degree granting institution? ☐ Yes ☐ No
If an ADN Program and working on MSN, provide a copy of plan for degree completion.
- Prior teaching experience? ☐ Yes- Where: _____ ☐ Faculty ☐ Clinical
☐ No - Name of assigned mentor _____
☐ Copy of educational development plan attached

I certify that the information contained herein is correct and complete to the best of my knowledge.

Signature of Appointee _____ Date _____ Signature of Nurse Administrator _____ Date _____

Office Use Only: Review Date: _____ By: _____ KBN #: _____ Entered: _____
Codes: ☐ None Other: _____ Letter Sent: ☐ Education Needed ☐ Name Change ☐ License other state Revised '03, '04, '07, 11/08